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Michael G. Adams Kentucky Secretary of State Received and Filed: 10/11/2023 2:32 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings P.O. Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Rer (Domestic or Foreig			RAN	
Pursuant to the provisions of KR	S 365, the undersigned a	pplies to renew a	n assumed name and, fo	or that purpose, submits	
This certifies that the assume	nd name of the business o	ntity is:			
		ritity is.			
Meadowview Pulmonary and S	steep Center			·	
2. The assumed name is being	renewed by:				
Meadowview Physician Practice,					
(The "real name" of entity or partne	ers)				
The "real name" is (you must of					
a Domestic General Partnership			a Foreign General Partnership		
a Domestic Limited Liability Partnership			a Foreign Limited Liability Partnership		
a Domestic Limited Partnership			a Foreign Limited Partnership		
a Domestic Business Trust			a Foreign Business Trust		
a Domestic Corporation			a Foreign Corporation		
a Domestic Limited Liability Company			a Foreign Limited Liability Company		
a Domestic Statutory Trust			a Foreign Statutory Trust		
a Domestic Limited Cooperative Association		a For	a Foreign Limited Cooperative Association		
a Domestic Unincorporated Non-profit Association			a Foreign Unincorporated Non-profit Association		
4. The business entity is organia	zed and existing in the sta	te or country of _	Delaware		
5. The mailing address of the b					
330 Seven Springs Way		Brentwood	TN	37027	
Street Address or Post Office Box Nu	mbers	City	State	Zip	
I declare under penalty of perjur	y under the laws of Kentu	cky that the forgo	oing is true and correct.		
DocuSigned by:					
Charlotte Lawrence	Charlotte L		ee	10/10/2023	
Signature of Authorized Party	arty Printed Name			ate	